

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER

2015 JUL 15 AM 10:40

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Brookfield U.S. Corporation Federal PAC

ADDRESS (number and street)

Brookfield Place

250 Vesey Street 15th Floor

☐ Check if different  
than previously  
reported. (ACC)

New York NY 10281-1021

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 5 2 8 0 4 2

3. IS THIS  
REPORT



NEW  
(N)

OR



AMENDED  
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

MM / DD / YYYY

in the  
State of

State

(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

MM / DD / YYYY

in the  
State of

State

5. Covering Period

MM / DD / YYYY  
01 / 01 / 2015

through

MM / DD / YYYY  
06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edward F. Beisner

Signature of Treasurer

*Edward F. Beisner*

Date

MM / DD / YYYY  
07 / 15 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

FEC FORM 3X  
Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

0 1 / 0 1 / 2 0 1 5

To:

0 6 / 3 0 / 2 0 1 5

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="0"/>	<input type="text" value="0"/>
(c) Total Receipts (from Line 19).....	<input type="text" value="0"/>	<input type="text" value="0"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="0"/>	<input type="text" value="0"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0"/>	<input type="text" value="0"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value="0"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0"/>	<input type="text" value="0"/>



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Brookfield US Corporation Federal PAC

Report Covering the Period:

From:

MM / DD / YYYY  
0 1 / 0 1 / 2 0 1 5

To:

MM / DD / YYYY  
0 6 / 3 0 / 2 0 1 5

**I. Receipts**

**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
- (i) Itemized (use Schedule A).....
- (ii) Unitemized.....
- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share .....	0	0
(b) Other Federal Operating Expenditures .....	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0	0
22. Transfers to Affiliated/Other Party Committees .....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees .....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....	0	0
26. Loan Repayments Made .....	0	0
27. Loans Made .....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	0
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs) .....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0	0
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share .....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	0	0

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
34. Total Contribution Refunds  
(from Line 28(d)) .....
35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) ..... ▶
37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
38. Net Operating Expenditures  
(subtract Line 37 from Line 36) ..... ▶

0
0
0
0
0
0

0
0
0
0
0
0

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE OF

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

Amount

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Amount

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

Amount

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Amount

Full Name (Last, First, Middle Initial)

Date of Receipt

MM / DD / YYYY

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Amount of Each Receipt this Period

Amount

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Amount

SUBTOTAL of Receipts This Page (optional).....▶

Amount

TOTAL This Period (last page this line number only).....▶

Amount

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE OF

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....▶

0

TOTAL This Period (last page this line number only).....▶

0

# SCHEDULE C (FEC Form 3X)

## LOANS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE OF  
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- ☐ Primary  
☐ General  
☐ Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

### TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

% (apr)

☐ Yes ☐ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
Information found on  
Page \_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full) Brookfield US Corporation Federal PAC		<b>FEC IDENTIFICATION NUMBER</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;">C 0 0 5 2 8 0 4 2</div>									
<b>LENDING INSTITUTION (LENDER)</b> Full Name  N/A	Amount of Loan <div style="border: 1px solid black; padding: 2px; display: inline-block;">0</div>	Interest Rate (APR) <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div> %									
Mailing Address	Date Incurred or Established <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div></div>	Date Due <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div></div>									
City	State	Zip Code									
<p>A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div></div></p> <p>B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>      Total Outstanding Balance: <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></p> <p>C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)</p> <p>D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <div style="float: right; width: 30%;">What is the value of this collateral? <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="clear: both;"></div> <div style="float: right; width: 30%;">Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes</div> <div style="clear: both;"></div> <p>E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____</p> <div style="float: right; width: 30%;">What is the estimated value? <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div></div> <div style="clear: both;"></div> <p>A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div></div></p> <p>Location of account: _____ Address: _____ City, State, Zip: _____</p> <p>F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.</p> <p>G. COMMITTEE TREASURER Typed Name _____ Signature _____</p> <div style="float: right; width: 30%;">DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div></div></div> <div style="clear: both;"></div> <p>H. Attach a signed copy of the loan agreement.</p> <p>I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.</p> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td colspan="2" style="width:65%; vertical-align: top;"><b>AUTHORIZED REPRESENTATIVE</b> Typed Name Signature</td><td colspan="2" style="width:35%; vertical-align: top;">DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div></div></td></tr><tr><td colspan="2" style="vertical-align: top;">Title</td><td colspan="2"></td></tr></table>				<b>AUTHORIZED REPRESENTATIVE</b> Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div></div>		Title			
<b>AUTHORIZED REPRESENTATIVE</b> Typed Name Signature		DATE <div style="display: flex; justify-content: space-between;"><div style="border: 1px solid black; padding: 2px; width: 20%;">M M M</div><div style="border: 1px solid black; padding: 2px; width: 20%;">D D D</div><div style="border: 1px solid black; padding: 2px; width: 60%;">Y Y Y Y Y Y Y Y</div></div>									
Title											

# SCHEDULE D (FEC Form 3X)

## DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate  
schedule(s)  
for each  
numbered line)

PAGE OF

FOR LINE NUMBER:  
(check only one)

9  
10

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)..... ▶

 0

2) TOTALS This Period (last page this line number only)..... ▶

 0

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶

 0

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶

 0

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) Brookfield US Corporation Federal PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;">C 0 0 5 2 8 0 4 2</div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		<div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		<div style="border: 1px solid black; padding: 2px;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		<div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y</div>
City	State	Zip Code
Purpose of Expenditure		Amount
Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		<div style="border: 1px solid black; padding: 2px;"></div>
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House    State: _____ <input type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px;"></div>		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div> 0
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div> 0
(c) TOTAL Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px;"></div> 0

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature \_\_\_\_\_

Date

M M M / D D D / Y Y Y Y Y Y

# **SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full) Brookfield US Corporation Federal PAC			
Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:  N/A		Full Name of Subordinate Committee N/A  Mailing Address  City _____ State _____ ZIP Code _____	

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="text"/> Category/ Type	
Mailing Address		Date		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City _____ State _____ Zip Code _____		Amount		<input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____		
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>			

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="text"/> Category/ Type	
Mailing Address		Date		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City _____ State _____ Zip Code _____		Amount		<input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____		
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>			

Full Name (Last, First, Middle Initial) of Each Payee		Purpose of Expenditure		<input type="text"/> Category/ Type	
Mailing Address		Date		<input type="text"/> / <input type="text"/> / <input type="text"/>	
City _____ State _____ Zip Code _____		Amount		<input type="text"/>	
Name of Federal Candidate Supported	Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____		
Aggregate General Election Expenditure for this Candidate ▶		<input type="text"/>			

SUBTOTAL of Expenditures This Page (optional).....▶		<input type="text"/> 0	
TOTAL This Period (last page this line number only).....▶		<input type="text"/> 0	

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)** (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

**USE ONLY ONE SECTION, A or B**

**A. State and Local Party Committees**

**Fixed Percentage (select one)**

\_\_\_\_\_ Presidential-Only Election Year (28% Federal)

\_\_\_\_\_ Presidential and Senate Election Year (36% Federal)

\_\_\_\_\_ Senate-Only Election Year (21% Federal)

\_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**B. Separate Segregated Funds and Nonconnected Committees**

**Flat Minimum Federal Percentage**

If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐  
**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal.....  %

Nonfederal .....  %

This ratio applies to (check all that apply):

Administrative ☐      Generic Voter Drive ☐      Public Communications Referencing Party Only ☐

# SCHEDULE H2 (FEC Form 3X)

## ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

### RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %
<p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<input type="text"/> %	<input type="text"/> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<input type="text"/> %	<input type="text"/> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<input type="text"/> %	<input type="text"/> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<input type="text"/> %	<input type="text"/> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<input type="text"/> %	<input type="text"/> %
<p>ACTIVITY OR EVENT IDENTIFIER</p> <p>ACTIVITY IS:</p> <p><input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:</p> <p><input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<input type="text"/> %	<input type="text"/> %

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE      OF  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

NAME OF ACCOUNT

DATE OF RECEIPT

TOTAL AMOUNT TRANSFERRED

MM / DD / YYYY

0

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative

0

ii) Generic Voter Drive

0

iii) Exempt Activities

0

iv) Direct Fundraising (List Activity or Event Identifier)

a)

0

b)

0

c) Total Amount Transferred For Direct Fundraising

0

v) Direct Candidate Support (List Activity or Event Identifier)

a)

0

b)

0

c) Total Amount Transferred For Direct Candidate Support

0

vi) Public Communications Referring Only to Party (Made by PAC)

0

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

TOTAL This Period (Administrative)

0

TOTAL This Period (Generic Voter Drive)

0

TOTAL This Period (Exempt Activities)

0

TOTAL This Period (Direct Fundraising)

0

TOTAL This Period (Direct Candidate Support)

0

TOTAL This Period (Public Communications Referring Only to Party)

0

TOTAL This Period (Total Amount Transferred)

0

2015-07-15 15:00:00

# SCHEDULE H4 (FEC Form 3X)

## DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE OF  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

A. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/  
Type

Allocated Activity or Event:

- ☐ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR  
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE      OF  
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
	MM / DD / YYYY	

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

**ii) Voter ID**

Total Amount Transferred for Voter ID .....

VOTER ID

**iii) GOTV**

Total Amount Transferred for GOTV .....

GOTV

**iv) Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity .....

GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

**TOTAL** This Period (Voter Registration).....

**TOTAL** This Period (Voter ID) .....

**TOTAL** This Period (GOTV).....

**TOTAL** This Period (Generic Campaign Activity).....

**TOTAL** This Period (Total Amount of Transfers Received).....

2015-07-15 15:00:00

**SCHEDULE H6 (FEC Form 3X)**  
**DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS**  
**FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
 (To be used by State, District and Local Party Committees Only)

PAGE      OF  
 FOR LINE 30a OF FORM 3X

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City      State      Zip Code

Category/  
Type

Date

MM / DD / YYYY

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City      State      Zip Code

Category/  
Type

Date

MM / DD / YYYY

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name

Type of Allocated Activity or Event:

☐ Voter Registration  
☐ Voter ID

☐ GOTV  
☐ Generic Campaign

Mailing Address

Allocated Activity or Event Year-To-Date

City      State      Zip Code

Category/  
Type

Date

MM / DD / YYYY

Purpose of Disbursement

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**SUBTOTAL** of Shared Federal and Levin Activity This Page

FEDERAL SHARE

+

LEVIN SHARE

=

TOTAL AMOUNT

**TOTAL** This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE

TOTAL AMOUNT

LEVIN SHARE

**TOTAL** This Period for the Levin Share

2015-07-15 03:00:08:409

# SCHEDULE L (FEC Form 3X)

## AGGREGATION PAGE: LEVIN FUNDS

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

NAME OF ACCOUNT

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized ..... (Use Schedule L-A)	0	0
(b) Unitemized .....	0	0
(c) Total .....	0	0
2. OTHER RECEIPTS .....	0	0
3. TOTAL RECEIPTS ..... (Add Lines 1c and 2)	0	0
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration .....	0	0
(b) Voter ID .....	0	0
(c) GOTV .....	0	0
(d) Generic Campaign .....	0	0
(e) Total .....	0	0
5. OTHER DISBURSEMENTS .....	0	0
6. TOTAL DISBURSEMENTS ..... (Add Lines 4e and 5)	0	0
7. BEGINNING CASH ON HAND ..... (for Column B, use cash as of January 1st)	0	0
8. RECEIPTS ..... (from Line 3)	0	0
9. SUBTOTAL ..... (Add Lines 7 and 8)	0	0
10. DISBURSEMENTS ..... (From Line 6)	0	0
11. ENDING CASH ON HAND ..... (Subtract Line 10 From Line 9)	0	0

**SCHEDULE L-A (FEC Form 3X)**  
**ITEMIZED RECEIPTS OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

PAGE OF

FOR LINE NUMBER:  
(check only one)

☐ 1a

☐ 2

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

A.

Mailing Address

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

B.

Mailing Address

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

C.

Mailing Address

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

Occupation

Full Name (Last, First, Middle Initial) / Full Organization Name

Date of Receipt

MM / DD / YYYY

D.

Mailing Address

Amount of Each Receipt this Period

XXXXXXXXXXXXXXXXXXXX

City

State

Zip Code

Name of Employer or Principal Place of Business

Aggregate Year-to-Date

XXXXXXXXXXXXXXXXXXXX

Occupation

SUBTOTAL of Receipts This Page (optional)..... ▶

XXXXXXXXXXXXXXXXXXXX 0

TOTAL This Period (last page this line number only)..... ▶

XXXXXXXXXXXXXXXXXXXX 0

**SCHEDULE L-B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**  
**OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER: PAGE OF  
 (check only one) ☐ 4a ☐ 4c ☐ 5  
☐ 4b ☐ 4d

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NAME OF COMMITTEE (In Full)

Brookfield US Corporation Federal PAC

<b>A.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M M / D D D / Y Y Y Y Y Y _____
_____ _____ _____ _____	Amount of Each Disbursement this Period _____
<b>B.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M M / D D D / Y Y Y Y Y Y _____
_____ _____ _____ _____	Amount of Each Disbursement this Period _____
<b>C.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M M / D D D / Y Y Y Y Y Y _____
_____ _____ _____ _____	Amount of Each Disbursement this Period _____
<b>D.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M M / D D D / Y Y Y Y Y Y _____
_____ _____ _____ _____	Amount of Each Disbursement this Period _____
<b>E.</b> Full Name (Last, First, Middle Initial) / Full Organization Name _____ Mailing Address _____ City _____ State _____ Zip Code _____ Purpose of Disbursement _____	Date of Disbursement M M M / D D D / Y Y Y Y Y Y _____
_____ _____ _____ _____	Amount of Each Disbursement this Period _____
<b>SUBTOTAL</b> of Disbursements This Page (optional).....>	_____ 0
<b>TOTAL</b> This Period (last page this line number only).....>	_____ 0

2015-07-15 03:00008412

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Page 1 of 1

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JACQUELYN DIXON  
BROOKFIELD FINANCIAL PROPERTIES  
BROOKFIELD PLACE  
250 VESEY STREET 15TH FLOOR  
NEW YORK, NY 10281  
UNITED STATES US

SHIP DATE: 14 JUL 15  
ACTWGT: 1.00 LB  
CAD: 5137524/NET3670

BILL SENDER

TO FEDERAL ELECTION COMMISSION

999 E ST NW

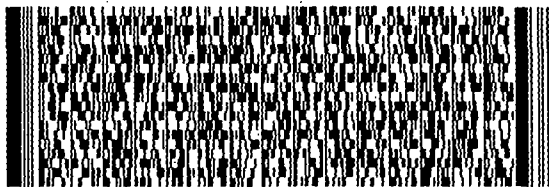
WASHINGTON DC 20463

(202) 694-1000

REF: 170

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PO:

DEPT: VDIKJAO0



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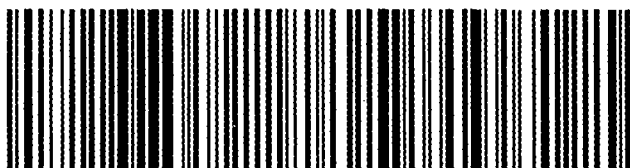
REL#  
3785346

WED - 15 JUL 10:30A  
PRIORITY OVERNIGHT

TRK# 7740 4698 7617  
0201

EP RDVA

20463  
DC-US IAD



RT 677  
FZ

6  
10:30

7617  
07.15

Very Urgent

Express

Federal Election Commission  
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS  
The FEC added this page to the end of this filing to indicate how it was received.

☐

Hand Delivered

Date of Receipt

☐

USPS First Class Mail

Postmarked

Date of Receipt

☐

USPS Registered/Certified

Postmarked (R/C)

☐

USPS Priority Mail

Postmarked

☐

USPS Priority Mail Express

Postmarked

☐

Postmark Illegible

☐

No Postmark

☒

Overnight Delivery Service (Specify): *Fed Ex*

Shipping Date

*7/14/15*

Next Business Day Delivery

☒☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

*MP*

PREPARER

(3/2015)

*7/15/15*

DATE PREPARED

2015-07-15 15:00:00